PACIFIC COUNTY
COUNTY VOTER REGISTRATION REQUEST FORM

CHECK: LABELS [   ]   CD [   ] $5.00 (select format)   E-MAIL [   ]

COUNTY WIDE-VOTER LIST

CHECK ONE:
- [   ] VOTERS ALPHABETICAL WITHIN PRECINCT
  [   ] With Absentees listed

- [   ] VOTERS ALPHABETICAL WITHIN COUNTY
  [   ] With Absentees Listed

PRECINCTS ONLY:

NAME OF PRECINCTS REQUESTED _____

SELECTED DISTRICTS ONLY

LIST DISTRICT: _____

CHECK ONE: [   ] Alphabetical within Precinct
           [   ] Alphabetical within District

FILE FORMAT FOR CD: Please select the type of format for your CD

- Comma-separated Values
- Microsoft Excel Format
- . Microsoft Excel 5 Format
- HTML Table

I understand that under the provisions of RCW 29A.08.720, the information to be furnished by the Pacific County Auditor's Office may not be used for the purpose of mailing or delivering any advertisement or used for any property, establishment, organization, product or service or for the purpose of mailing or delivering any solicitation for money, services, or anything of value; provided that the same may be used for any political purpose. I further understand that violations of the provisions of RCW 29A.08.720 subject the violator to civil and criminal penalties. I agree to indemnify and hold Pacific County Auditor's Office harmless from any civil penalties from my failure or alleged failure to comply with the provisions of RCW 29A.08.720. I authorize the Pacific County Auditor's Office to submit information related to services provided me, which may be necessary to comply with requirements of the Public Disclosure Law.

REQUESTED BY: NAME:_____   DATE: _____

              ADDRESS:_____

              PHONE:_____

SIGNATURE: _____